

PATENT COOPERATION TREATY

From the RECEIVING OFFICE

PCT

To:
GREGORY N. CLEMENTS
DOUGHERTY, CLEMENTS, HOFER & BERNARD
1901 ROXBOROUGH ROAD, SUITE 300
CHARLOTTE, NORTH CAROLINA 28211

**NOTIFICATION CONCERNING PAYMENT
OF PRESCRIBED FEES**

(PCT Rules 14, 15 and 16 and Administrative
Instructions, Sections 102bis(c), 304,
323(b), 707(b) and 803)

		Date of mailing (day/month/year)	02 Sep 2005
Applicant's or agent's file reference 2003/14 PCT		PAYMENT DUE see item 3 for time limits	
International application No. PCT/US2005/003683	International filing date/Date of receipt (day/month/year)	04 Feb 2005	Priority date (day/month/year) 06 Feb 2004
Applicant INVISTA NORTH AMERICA S.A.R.L.			

1. The applicant is hereby notified that this receiving Office has received:

the payment of all the prescribed fees, and an overpayment, which will be refunded in due course.
 no or insufficient payment of the prescribed fees and the applicant is hereby invited to pay the balance due, as summarized under item 2, within the time limit(s) indicated under item 3.

2. Fees and payment calculation:

1,734.00	1,734.00	=	0.00
Total fees payable	Amount paid		Balance

The details of the calculation are given in the Annex.

3. Time limit(s) for payment and amount(s) payable (Rules 14.1, 15.4 and 16.1(f)):

within ONE MONTH from the date of receipt of the international application (for the transmittal fee (if any), the search fee and the international filing fee). The amount payable for each fee is the amount applicable on the date of receipt of the international application.
 within 16 MONTHS from the priority date (only for the fee for priority document). The applicant's attention is drawn to the fact that the request made by the applicant under Rule 17.1(b) will be considered not to have been made unless the fee is paid within that time limit.

4. Additional observations (if necessary):

The search copy will not be transmitted to the International Searching Authority until the search fee is paid (therefore the start of the international search will be delayed) (Rule 23.1(a) and (b)).

Name and mailing address of the receiving Office Mail Stop PCT, Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450 Facsimile No. 703-305-3230	Authorized officer Dian Gordon Telephone No. 703-308-9290 EX 125
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Form PCT/RO/102 (January 2004)

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DOUGHERTY, CLEMENTS & HOFER

ANNEX TO FORM PCT/RO/102
CALCULATION OF THE PRESCRIBED FEES

International application No.

PCT/US2005/003683

T Transmittal Fee

Prescribed amount: 300.00 **T**
Amount paid: 300.00
Balance: 0.00 =

300.00 **T**

300.00

0.00

correct amount
 overpayment
 balance due

S Search Fee

Prescribed amount: 300.00 **S**
Amount paid: 300.00
Balance: 0.00 =

300.00 **S**

300.00

0.00

correct amount
 overpayment
 balance due

I International Filing Fee

Fixed amount for first 30 sheets: 1,134.00 **i1**

0 x 12.00 = 0.00 **i2**

Number of sheets
in excess of 30

Additional
component: 400 x 0.00 = 0.00 **i3**

Fee per sheet

Reduction where the international application is filed
(See PCT Applicant's Guide, Volume I, General Part,
for details on the availability of this reduction):

using the PCT-EASY software: 0.00 **r**

or

in electronic form where the text of the
description, claims and abstract is not in
character coded format: 0.00 **r**

or

in electronic form where the text of the
description, claims and abstract is in character
coded format: 0.00 **r**

Sub-total: 1,134.00 **i1+i2+i3-r**

Prescribed total amount (The amount to be entered at I is the sub-total
entered at (i1+i2+i3-r), except where the applicant is (or all applicants
are) entitled to a reduction of 75%, in which case the amount to be
entered at I is 25% of the sub-total (i1+i2+i3-r); certain applicants from
certain States are entitled to a reduction of 75% of the international
filing fee; see Notes to the Fee Calculation Sheet as annexed to the
Request Form, PCT/RO/101, for details): 1,134.00 **I**

Amount paid: 1,134.00

1,134.00

Balance: 0.00 =

0.00

correct amount
 overpayment
 balance due

P Fee for Priority Document

Prescribed amount: 0.00 **P**

0.00

Amount paid: 0.00

0.00

Balance: 0.00 =

0.00

correct amount
 overpayment
 balance due